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# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: MANCINI, MARIO FERBO Reg #: 11007-041

Date of Birth: 02/23/1972 Sex: M Race: WHITE Facility: ELK Encounter Date: 10/01/2012 17:55 Provider: Lepiane, R. MD Unit: C03

Procedure encounter performed at Health Services.

#### SUBJECTIVE:

COMPLAINT 1 Provider: Lepiane, R. MD

Chief Complaint: Pain

Subjective: Patient was here today for a repeat trigger point injection of his right trapezius area

Patient has persistent neck and right upper back /right trapezius area pains now x 2 weeks He was lift a heavy box on 09/06/12 and afterward developed neck and upper back pains Patient has a history of chronic neck pains X 15 years at least He has been on gabapentin 1100 mg TID and well as Motrin for pain He had a previous MRI of his C-spine in March 2010 showed mild to moderate cervical spondylosis with multilevel degenerative disc disease He also had suspected osteophyte disc complexes at C5-C6 and C6-C7 extending toward the right and associated with neural foraminal encroachment at both of these level However his EMG/NSC study here in Jan 2012 was completely normal There was no evidence of any cervical nerve

root radiculopathy or neuropathy

Patient has recent been complaining of increase neck and upper back pain x 2-3 weeks He

has

seen by me on 09/20/12 and underwent a cortisone injection (Kenalog plus lidocaine) of his right trapezius area it help relive his pain x 4-5 days but his pain are back again We discussed this we will try an additional cortisone injection of his area along with a taper courses of prednisone to see if we can obtain a more sustained response

Pain Location: Back-Upper

Pain Scale: 8
Pain Qualities:
History of Trauma:

Onset: Duration:

Exacerbating Factors: He has an area of trigger point tenderness in his right trapezius area

**Relieving Factors:** 

Comments:

# ROS:

#### General

#### **Constitutional Symptoms**

No: Chills, Fever, Night Sweats, Unexplained Weight Loss, Weakness

# Cardiovascular

General

Yes: Normal

## **Pulmonary**

**Respiratory System** 

Yes: Normal

GΙ

#### General

Yes: Normal

No: Blood in Stools, Constipation, Diarrhea, Dyspepsia, Nausea, Stools Black, Vomiting

Bureau of Prisons - ELK

#### Musculoskeletal

GOVERNMENT EXHIBIT

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Inmate Name: MANCINI, MARIO FERBO Reg #: 11007-041

Date of Birth: 02/23/1972 Sex: M Race: WHITE Facility: ELK Encounter Date: 10/01/2012 17:55 Provider: Lepiane, R. MD Unit: C03

ROS:

General

Yes: Neck Pain

Neurological

Motor System Yes: Normal

Sensory System Yes: Normal

No: Numbness, Radiculopathy

**OBJECTIVE:** 

Exam:

General

**Appearance** 

Yes: Appears Well, NAD, Alert and Oriented x 3

Skin

No skin rash or lesions

Head

H.E.E.N.T.--- normal No nasal or sinus congestion No sinus tenderness

Neck

General

Yes: Supple

No: Lymphadenopathy

Musculoskeletal

Yes: Paravertebral Tenderness on Palpation

No: Full ROM, Tenderness, Swelling, Muscle Spasms, Midline Tenderness on Palpation

Neck---- decrease ROM He has moderate to severe neck pains with movement He has right and left paravertebral tenderness C3 to C7 area R >L No point vertebral tenderness

**Pulmonary** 

**Auscultation** 

Yes: Clear to Auscultation Bilaterally

No: Crackles, Rhonchi

Cardiovascular

**Auscultation** 

Yes: Regular Rate and Rhythm (RRR)

No: M/R/G

Peripheral Vascular

General

Yes: Normal

No: Varicosities, Pitting Edema, Tenderness

Abdomen

**Auscultation** 

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft, Non-tender on Palpation

Musculoskeletal

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Date of Birth: 02/23/1972 Sex: M Race: WHITE Facility: ELK Encounter Date: 10/01/2012 17:55 Provider: Lepiane, R. MD Unit: C03

Exam:

Right knee --- full ROM no swelling no effusion No laxity No locking He has crepitus and mild to moderate pain with movement There is no localized tenderness

No other joint pains swelling or tenderness

Lower Back ---- full ROM No pains

He has a area of trigger point tenderness in his right trapezius ares His pain seem to radiate up to his

neck from this area --- I will proceed with a repeat trigger point injection of this area today

Neurologic

Intact No deficits Strength 5/5 throughout No cervical radicular symptoms--- EMG/NCS in Jan 2012

was completely normal

**ASSESSMENT:** 

DescriptionICD9StatusStatus DateProgressTypeNeck pain, cervicalgia723.1Current08/18/2011NotChronic

Health Problem Comments: Improved/Same

chronic neck pain

His CT scan of his neck shows marginal, osteophytes He has prominent osteophyte formation at right C5-6 and right C6-7 associated with neural foraminal encroachment

**Diagnosis Comments:** 

He has an area of trigger point tenderness in his right trapezius area He agrees to a repeat cortisone inject of this area today

PLAN:

**New Medication Orders:** 

Rx# Medication Order Date Prescriber Order

predniSONE Tablet 10/01/2012 17:55 20 mg tabs taper Orally daily x

16 day(s) -- take 3 tabs daily for 4 days then 2 tabs daily for 4 days then one tab daily for 4 days then 1/2 tab daily for 4 days then stop

Indication: Neck pain, cervicalgia

One Time Dose Given: No

**Renew Medication Orders:** 

Rx# Medication Order Date Prescriber Order

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Date of Birth: 02/23/1972 Sex: M Race: WHITE Facility: ELK Encounter Date: 10/01/2012 17:55 Provider: Lepiane, R. MD Unit: C03

**Renew Medication Orders:** 

Rx# Medication Order Date Prescriber Order

125699-ELK Ibuprofen 800 MG Tab 10/01/2012 17:55 Take one tablet by mouth three

times daily as needed \* nm x 90 day(s) -- as needed for pain # 60

refills x 2

Indication: Nerve pain, neuralgia neuritis, radiculitis, Enthesopathy of knee, unspecified

One Time Dose Given: No

## **New Consultation Requests:**

Consultation/ProcedureDue DatePriorityTranslatorLanguageNeurologyNo

### **Reason for Request:**

request neurology consult and evaluation regarding his chronic neck pain

Patient has persistent neck and right upper back /right trapezius area pains now x 2 weeks He was lift a heavy box on 09/06/12 and afterward developed neck and upper back pains Patient has a history of chronic neck pains X 15 years at least He has been on gabapentin 1100 mg TID and well as Motrin for pain He had a previous MRI of his C-spine in March 2010 which showed mild to moderate cervical spondylosis with multilevel degenerative disc disease He also had suspected osteophyte disc complexes at C5-C6 and C6-C7 extending toward the right and associated with neural foraminal encroachment at both of these level However his EMG/NSC here in Jan 2012 was completely normal There was no evidence of any cervical nerve root radiculopathy or neuropathy

### **Provisional Diagnosis:**

chronic neck pain

## **Discontinued Consultation Requests:**

| Consultation/Procedure | <u>Due Date</u> | <u>Priority</u> | <u>Translator</u> | <u>Language</u> |
|------------------------|-----------------|-----------------|-------------------|-----------------|
| Radiology              | 02/26/2010      | Routine         | No                |                 |

#### **Reason for Request:**

37 year old white inmate with h/o work related neck injury from repetitive heavy lifting in 20002;states the eproblem is at c-7; has chronic pain in his neck; CT scan of the neck needed

Pain Management 07/07/2010 Routine No

### Reason for Request:

38 y/o WM pt. with hx neck pain since 2003, work related due to trauma. C-spine CT scan shows: 1. Mild to moderate cervical spondylosis with multilevel disc degeneration; 2. Osteophyte discs complexes at C5-6 and to a greater degree at C6-7 extending towards the right and associated with neural foramina encroachment at both levels. Please eval and treat.

### **Provisional Diagnosis:**

Chronic cervical pain; discogenic disorder.

## **Procedures**

## Therapeutic/Diagnostic Injection

Anesthesia

1% Lidocaine without epinephrine, ML 1 cc

Procedure: Trigger point cortisone injection (Kenalog & lidocaine 1 %) of his right upper back right trapezius area at the spot of maximum tenderness

The procedure was explained to him He understood and signed the consent form A time-out was given

The point of maximum tenderness in his right trapezius area was identify and marked This area was prepped with an alcohol pad This area was inject with 2 cc (80 mg Kenalog) plus 1 cc of lidocaine 1% no complication

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Procedures

he was able to move his neck better after this injection

Disposition:

Follow-up at Sick Call as Needed Follow-up at Chronic Care Clinic as Needed

**Patient Education Topics:** 

**Date Initiated Format Handout/Topic** <u>Provider</u> Outcome 10/02/2012 Counseling Plan of Care Lepiane, R. Verbalizes

Understanding

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Lepiane, R. MD on 10/02/2012 18:41